

## **TOWN OF DUDLEY**

## **MASSACHUSETTS**

## OFFICE OF THE BOARD OF HEALTH

71 West Main Street; Dudley, MA 01571 Telephone: 508-949-8017 Fax: 508-949-8031

## **SEPTAGE HAULER APPLICATION**

	BASE FEE:	(NUMBER OF TRUCKS) =	\$200.00+ \$= \$
	PER TRUCK FEE: \$50.00 X _		
		TOTAL PERMIT FEE	
D. C. C. C. N. C. C.		Make checks payable to TOWN	I OF DUDLEY
Business Name:			
Business Address:			
City:			
Mailing Address (If Different)			
Telephone Number:	Email:		
Contact Person:			
24 Hour Telephone			
Name of Applicant:			
Signature of Applicant			
requirements for a permit as directed 31A and 31B and 310 CMR 15.502 (Tit	•	•	Sections
DISPOSAL SITES TO BE USED: (attach p	proof of authorization to dispose)		
ADDITIONAL REQUIREMENTS: Seption	and other Offensive Material Haule	er Must Provide:	
	ensation and Liability Insurance made	e to Town of Dudley FAXED directl	<mark>y from</mark>
Carrier/Agent to 508-949-803			
<ul> <li>Attach Vehicle List that minim</li> <li>Truck Number and Ga</li> </ul>	<u>.</u>		
O Truck Number and Ga	поп сараску		
NOTE: IF YOU ARE TEMPORARILY REF	PLACING A PERMITTED TRUCK WITH	ANOTHER FROM YOUR FLEET, YO	<mark>U MUST</mark>
NOTIFY THE BOARD OF HEALTH OFFICE	CE AT 508-949-8017 IN ADVANCE.		
FOR OFFICE USE ONLY			
Number of Trucks:TOTAL FE	EES: \$ DATE PAID:_	CHECK #	
Approved By	Date_	Permit #	

Inspection Scheduled:\_\_\_\_\_\_ BY:\_\_\_\_\_\_ NUMBER OF STICKERS ISSUED\_\_\_\_\_